



Silver Spring Civic Building at Veterans Plaza  
Community Use of Public Facilities  
**APPLICATION for USE**



Allow 10 business days for processing single room use; up to 30 days for special event use.

Please Print

To be completed by staff:	Form #:
	Date Received:
	Permit #:

<b>Name of Responsible Person</b> (Applicant):		<b>New User?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone: (H)	(W)	(C)
Fax #:	E-mail Address:	
Address of Responsible Person:		
<b>Organization Sponsoring Event</b> (if applicable):		<b>Non-Profit?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Address of Organization (physical address required with PO Boxes):		
Some events MAY require providing additional information/applications. Users are responsible for adherence to all Applicable Laws and Regulations.		
<b>Is this event:</b> <input type="checkbox"/> Fundraiser <input type="checkbox"/> Personal or other Celebration/Ceremony <input type="checkbox"/> Business Activity <input type="checkbox"/> Performance/Dance <input type="checkbox"/> Meeting/Conference <input type="checkbox"/> Show or Exhibit <input type="checkbox"/> Class/Instructional <input type="checkbox"/> Other (please note):		
Describe planned activity:		
<b>Will monies be accepted on site? (Donation, ticket sale, registration fee, other sale, etc.)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Who benefits from this event:</b> <input type="checkbox"/> Non-Profit organization <input type="checkbox"/> Community <input type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Other (please note):		
<b>Are you advertising this event?</b> <input type="checkbox"/> No- personal Invitation only <input type="checkbox"/> Yes: <input type="checkbox"/> Members only <input type="checkbox"/> Pre-Registered Participants <input type="checkbox"/> Open to the Public: Advertised By <input type="checkbox"/> Social Media Page <input type="checkbox"/> Web Page <input type="checkbox"/> Flier <input type="checkbox"/> Other (please note): <b>Attach sample</b>		
<b>Will event include music/performance?</b> <input type="checkbox"/> DJ <input type="checkbox"/> Live Band <input type="checkbox"/> Recorded <input type="checkbox"/> Other (please note): Include Name, Address & Phone Number of DJ / Band / Other:		
<b>Will the event include special lighting, sound effects, props or equipment?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Will you serve food?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Type:</b> <input type="checkbox"/> Self-prepared <input type="checkbox"/> Catered <b>Will you serve alcohol?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
Note: Applicants planning special events are required to attend an event planning meeting.		

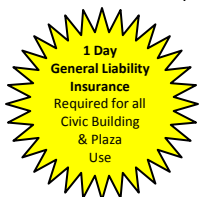
Room*	Date(s)	Begin Time	End Time	Planned use of room & set up requested	Room Preference (full/half or specific room)	Number of	
						Youth*	Adults
Great Hall							
Atrium							
Activity Room							
Conference Room							
Warming Kitchen							
Courtyard							
Veterans Plaza							

List equipment or any special requests:

Alternate date if first choice is not available:

\*No alcohol during youth oriented activities or where the majority of participants are under age 21. A ratio of 1 chaperone (min. age 21) per 15 youth is required for youth under age 18. Youth events end at 11:00 pm Sun.-Thurs., and 11:30 pm Fri.-Sat.

I have read the Community Use of Public Facilities User License Agreement (FULA) and agree to abide by the conditions of the Agreement. It is understood that the County is hereby expressly released and discharged from any and all liability for any loss, injury, or damage to persons or property which may be sustained by reason of this event. I understand that I may be required to provide a certificate of insurance that satisfies the requirements specified in the FULA before the date of the event for which this Application is being submitted. I understand the cancellation policy for special events and other requirements that may apply to my request. Application is not valid until all authorizations have been obtained. Photo ID required with application. Certification of non-profit status may be required. I am responsible for compliance with all applicable Federal, State or Local Laws. Violation of the terms of the permit or County laws and regulations may result in immediate cessation, forfeiture of all fees paid or other legal action as applies.



Responsible Person's Signature \_\_\_\_\_ Date \_\_\_\_\_

Montgomery County • Interagency Coordinating Board for the Community Use of Public Facilities •  
• 600 Jefferson Plaza, Suite 300, Rockville, Maryland 20852 • www.montgomerycountymd.gov/cupf • **UPDATED: 01/30/2014**

